

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1405	363
OMB APPE	
OMB Number:	3235-0076
Expires:	-
Estimated avera	ge burden
hours per respor	rse16.00
SEC USE C	DNLY

DATE RECEIVED

Serial

	CHITORM DIMITED OFFERING EXEM	
Name of Offering	(check if this is an amendment and name has changed, and indicate change.)	
2006 Private Co	mmon Stock Offering	
Filing Under (Check	box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing:	New Filing Amendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the infor	mation requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	07069849
Genesis Interacti	ve, Inc.	• • • • • • • • • • • • • • • • • • • •
Address of Executiv	e Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1 Bluxome Place	, Suite 204, San Francisco, CA 94107	(415) 829-3713
Address of Principa (if different from E	Business Operations (Number and Street, City, State, Zip Code) (Number of Street, City, State, Zip Code)	Telephone Number (Including Ares Code)
Brief Description of	Business	
Online gaming.		
Type of Business O corporatio business	n limited partnership, already formed other (please specify PROCESSED
	Month Year Date of Incorporation or Organization: 03 06 Actual Esti poration or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	JUL 0 5 2007 THOMSON

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Faiture to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information re	equested for the fo	lowing:						
• Each promoter of	the issuer, if the is:	suer has been organized w	vithin 1	the past five years;				
Each beneficial ow	ner having the pow	er to vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
Each executive of	ficer and director o	f corporate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
Each general and a	managing partner o	f partnership issuers.						
CI 1.D () () () ()	<u> </u>				<u></u>	D: /		C 1 11
Check Box(es) that Apply:	Promoter	Beneficial Owner	Ø	Executive Officer	Z	Director	Ц	General and/or Managing Partner
Full Name (Last name first, Betteridge, Albert IV	if individual)							
Business or Residence Addre 1 Bluxome Place, Suite 2	•		ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							
Pincus, Joshua								
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)			··· - ··	•	
1 Bluxome Place, Suite 2	04, San Francis	co, CA 94107						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Hua, David	if individual)				•			
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)				-	• •
1 Bluxome Place, Suite 2	04, San Francis	co, CA 94107						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	f individual)							······································
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)					· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	•						
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)					

				BAI	NFORMAT	ION ABOU	Ţ OFFERI	NG [™]		on II		*
1. Has th	ne issuer sol	d, or does t	he issuer i	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?		Yes ≥ €	No
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							_				
2. What							sN/	<u>'A</u>				
3. Does	Does the offering permit joint ownership of a single unit?							Yes ∭R	No			
											_	<u></u>
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.							;					
Full Name	(Last name	first, if ind	ividual)						·			
Business o	r Residence	Address (N	lumber an	d Street, C	ity, State, 2	Lip Code)						
Name of A	ssociated B	roker or De	aler	•		 ;	·					
								<u>.</u>				
	Vhich Person											
(Chec	k "All State:	s" or check	individua	States)		••••••••				*********		1 States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH (TN)	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
			111		[01]	<u> </u>	UA)	[W.Z.]	<u> </u>			<u> </u>
Full Name	(Last name	first, if ind	ividual)									
Business of	or Residence	: Address (Number an	d Street, C	City, State,	Zip Code)			·			
Name of A	ssociated B	roker or De	aler								····	
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State:	s" or check	individua	States)						·····	∏ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (?	Number an	d Street, C	ity, State,	Zip Code)		 				
Name of A	ssociated Br	oker or De	aler		-	<u>.</u>						·
												
	hich Person										- ·	1.50
(Check "All States" or check individual States)									***************************************	∏ AI	l States	
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL MT	IN NE	IA ŅV	KS NH	KY NJ	LA NA	ME	MD	MA ND	MI	MN	MS	MO
RI	SC	SD	TN	TX	NM UT	NY VT	NC VA	WA	OH WV	OK WI	OR WY	PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	· · · · · · · · · · · · · · · · · · ·	s 0.00	s 0.00
		*	-
	Equity	\$ 1,200,000.00	\$_433,180.00
	☑ Common ☐ Preferred	0.00	0.00
	Convertible Securities (including warrants)		\$
	Partnership Interests	• • • • • • • • • • • • • • • • • • • •	\$ 0.00
	Other (Specify)	\$ 0.00	\$_0.00
	Total	\$	§ 433,180.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	16	\$ 280,040.00
	Non-accredited Investors	17	\$_153,140.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	There is Official	Type of	Dollar Amount
	Type of Offering	Security 0	Sold
	Rule 505		\$ 0.00
	Regulation A		\$ 0.00
	Rule 504	<u>U</u>	\$_0.00
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s0.00
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$ 0.00
	Accounting Fees	_	\$ 0.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify) State Blue Sky Registration Filing Fees	_	\$ 2,160.00
	Total		2,160.00

	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C—proceeds to the issuer."	-Question 4.a. This difference is the "adju	sted gross	1,197,840.00 \$
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an esti If the payments listed must equal the adjus	mate and	•
	•		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		*	□ \$ 0.00
	Purchase of real estate			\$ 0.00
	Purchase, rental or leasing and installation of ma	chinery		0.00
	Construction or leasing of plant buildings and fa			S 0.00
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another	<u>\$</u> 0.00	\$ <u></u> \$
	Repayment of indebtedness		<u>\$ 0.00</u>	\$ <u>0.00</u>
	Working capital			✓ \$ 1,197,840.0
	Other (specify):		<u>\$_0.00</u>	<u>\$0.00</u>
				\$0.00
	Column Totals			\$1,197,840.00
	Total Payments Listed (column totals added)		⊓\$ ¹	,197,840.00
13	The state of the s	D FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to funformation furnished by the issuer to any non-ac	e undersigned duly authorized person. If	this notice is filed under R e Commission, upon writt	
ssu	er (Print or Type)	Signature	Date	
Ge	nesis Interactive, Inc.	ag 35	6/17/200	า
	e of Signer (Print or Type)	Title of Signer (Print or Type)		
lbe	t Betteridge IV	President, Chief Executive Officer ar	nd Chairman of the Board	d '

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)